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INFO RUCNASE/ASEAN MEMBER COLLECTIVE
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RUEHBY/AMEMBASSY CANBERRA 2133
RUEHKA/AMEMBASSY DHAKA 5279
RUEHLO/AMEMBASSY LONDON 2204
RUEHNE/AMEMBASSY NEW DELHI 5607
RUEHUL/AMEMBASSY SEOUL 9203
RUEHTC/AMEMBASSY THE HAGUE 0833
RUEHKO/AMEMBASSY TOKYO 6781
RUEHCN/AMCONSUL CHENGDU 1869
RUEHCHI/AMCONSUL CHIANG MAI 2247
RUEHCI/AMCONSUL KOLKATA 0717
RHHMUNA/CDR USPACOM HONOLULU HI
RUEKJCS/JOINT STAFF WASHDC
RUCNDT/USMISSION USUN NEW YORK 2584
RUEHGV/USMISSION GENEVA 4590
RUEATRS/DEPT OF TREASURY WASHDC
RUEKJCS/DIA WASHDC
RUEAIIA/CIA WASHDC
RHEHNSC/NSC WASHDC
RUEKJCS/SECDEF WASHDC

C O N F I D E N T I A L SECTION 01 OF 03 RANGOON 000428

SIPDIS

DEPT FOR EAP/EX; EAP/MLS; EAP/EP; EAP/PD
DEPT FOR OES/STC/MGOLDBERG AND PBATES; OES/PCI/ASTEWART;
OES/IHA/DSINGER AND NCOMELLA
DEPT FOR CA/OCS/ACS/EAP
DEPT PASS TO USAID/ANE/CLEMENTS AND GH/CARROLL
CDC ATLANTA FOR COGH SDOWELL AND NCID/IB AMOEN
HHS/OGHA/WSTEIGER AND MSTLOUIS
USDA FOR OSEC AND APHIS
USDA FOR FAS/DLP/HWETZEL AND FAS/ICD/LAIDIG
USDA/FAS FOR FAA/YOUNG, MOLSTAD, ICD/PETTRIE, ROSENBLUM
DOD FOR OSD/ISA/AP FOR LEW STERN
PARIS FOR FAS/AG MINISTER COUNSELOR/OIE
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E.O. 12958: DECL: 07/10/2019
TAGS: [ECON](#) [TBIO](#) [EAID](#) [SOCI](#) [PGOV](#) [AMED](#) [BM](#)
SUBJECT: BURMA: GOVERNMENT LAUNCHES PILOT MDR-TB PROGRAM;
PLANS TO FILL TB-DRUG GAP

REF: A. RANGOON 156
[1](#)B. RANGOON 200

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Classified By: Economic Officer Samantha A. Carl-Yoder for Reasons 1.4
(b and d).

Summary

[1](#)1. (C) The Burmese Ministry of Health (MOH), in coordination with the World Health Organization (WHO) and Medecins sans Frontieres-Holland (MSF-Holland), launched a three-year multi-drug and extensively-drug resistant tuberculosis (MDR- and XDR-TB) pilot program in Rangoon on July 9; the MOH plans to begin the pilot program in Mandalay on July 15. The USG, through USAID, provides technical support for the program, which will provide DOTS Plus treatment to 275 MDR-TB patients. MOH continues to try to prevent MDR-TB by strengthening first-line TB treatment; however, the GOB still lacks funding to fill an expected one-year gap in the TB drug

supply, starting mid-2010 and continuing until the hoped for start of a renewed Global Fund program. While donors have not officially pledged funding, the Three Diseases Fund will likely provide USD 3 million to cover the initial gap and the Japanese Government could provide as much as USD 4 million for TB drugs in 2011. End Summary.

Combating MDR-TB

¶2. (SBU) According to the WHO, Burma is one of 27 MDR- and XDR-TB high-burden countries. The MOH's 2007 National Drug Resistance Survey indicates that MDR-TB accounts for 4.2 percent of new TB cases and 10 percent of previously treated cases (Ref A). Dr. Zaw Win, Deputy Director General of Disease Control, confirmed Burma has an estimated 2,400 MDR-TB patients, although the number may be much higher. The National TB Program (NTP) currently has no protocol for MDR- and XDR-TB treatment, WHO TB Officer Dr. Hans Kluge told us. In the past, NTP officials treated MDR-TB patients with first-line TB drugs and holistic medicines. Consequently, Burma has a high rate of MDR-TB mortality, he noted.

¶3. (SBU) Since 2007, the MOH has worked closely with public and private partners to address MDR-TB, including increasing public awareness of the disease, strengthening basic DOTS treatment, improving diagnostic capacity, and developing a DOTS Plus MDR-TB pilot program. The NTP, in collaboration with WHO and MSF-Holland, launched its MDR-TB treatment pilot program in Rangoon on July 9. The Charge, EconOff, and a USAID rep from Bangkok participated. The Mandalay launch is scheduled for July 15. According to Dr. Zaw Win, the NTP

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will provide second-line DOTS treatment to 100 MDR-TB patients in five townships in Rangoon and Mandalay during the first year and expand the program to an additional 175 patients by mid-2010. MDR-TB treatment lasts up to two years, compared with a normal TB treatment course of six to nine months. Patients will receive initial treatment at either the Aung San TB Hospital in Rangoon or the Pathengyi TB Hospital in Mandalay for between four and six months; followed by daily outpatient care.

Addressing the Looming Gap in TB Drug Supply

¶4. (SBU) During the launch ceremony, Dr. Kluge emphasized that strengthening first-line TB treatment is vital for reducing the spread of MDR-TB. Burma currently receives TB drugs, which it provides free of charge to TB patients, from the Global Drug Facility (GDF). However, GDF funding for DOTS treatment will end in December 2009, and the MOH faces a potential gap of at least one year in the first-line TB drug supply by mid-2010. The GOB applied for a Round Nine Global Fund grant, which includes funding for TB drugs. That funding, if approved, would not likely flow until mid-2011 (Ref B). While the MOH has pledged to increase funding for TB medicines, it lacks the resources to cover the entire gap, estimated to cost more than USD 4 million.

¶5. (C) Julia Kemp, DFID Health Officer, told us DFID, through the Three Diseases Fund (3DF), will make available up to USD 3 million for TB drugs to cover the initial gap. 3DF expects to announce this funding in the next month. Matsui Suzuka, Japanese Embassy Economic Counselor, confirmed the Japanese Government, in response to a MOH proposal for funding, will conduct a fact-finding mission in the next three months to determine Burma's drug need. He intimated that the Japanese Government would likely provide up to USD 4 million, starting in 2011, to bridge the remaining gap. However, he observed that any Japanese Government funding will likely depend heavily on whether the GOB receives a Global Fund grant, as the GOJ does not want to commit to long-term funding.

Comment

¶6. (SBU) WHO, using USAID assistance, is strengthening Burma's first-line and second-line TB programs through health worker education, creation and adoption of international protocols on TB treatment, and expansion of surveillance. During the launching ceremony, officials from both the WHO and the Ministry of Health, thanked the Charge and USAID for the USG's generous contribution and support for the program.

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DINGER